

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

ATTACHMENT 2.2-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

Division of Economic &  
Medical Services  
(DEMS)

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups

DEMS 42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- ☒ Families with an unemployed parent for the mandatory 6-month period and an optional extension of 0 months.
- ☐ Pregnant women with no other eligible children.
- ☐ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

DEMS 42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

\*Agency that determines eligibility for coverage.

TN No. 91-56

Approval Date DEC 30 1991

Effective Date OCT 01 1991

Superseded

TN No. 90-60

HCFA ID: 7983E

Attachment 2.2-A, Page 1, A. 1.  
and 2. a.,  
Approved 12-28-90, TN 90-60

STATE <u>Arkansas</u>	A
DATE REC'D <u>NOV 27 1991</u>	
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HCFA 179 <u>91-56</u>	

Revision: HCFA-PM-91-4 (BPD)  
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ARKANSAS

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Agency\* Citation(s)

Groups Covered

**A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)**

**2. Deemed Recipients of AFDC.**

N/A

1902(a)(10)(A)(1)(I)  
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

DEMS

402(a)(22)(A)  
of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

DEMS

406(h) and  
1902(a)(10)(A)  
(1)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of  
the Act

Division of Children  
and Family Services  
(DCFS)

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

\*Agency that determines eligibility for coverage.

TN No. 92-07  
Superseded  
TN No. 91-56

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HCFA ID: 7983E

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State: ARKANSAS

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DEMS

407(b), 1902  
(a)(10)(A)(i)  
and 1905(m)(1)  
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

☐ Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

DEMS

1902(a)(52)  
and 1925 of  
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

\*Agency that determines eligibility for coverage.

TN No. 91-56 Approval Date DEC 30 1991 Effective Date OCT 01 1991  
Supersedes  
TN No. 90-24/90-60 HCFA ID: 7983E

Attachment 2.2-A, Page 2a, Item 3,  
Approved 4-25-90, TN 90-24 and  
Attachment 2.2-A, Page 4a, Item 8b,  
Approved 12-28-90, TN 90-60

STATE <u>Arkansas</u>	A
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State: ARKANSAS

Agency\* Citation(s) Groups Covered

**A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)**

DEMS

42 CFR 435.113

5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
- a. Families denied AFDC solely because of income and resources deemed to be available from--
    - (1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;
    - (2) Grandparents;
    - (3) Legal guardians; and
    - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
  - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
  - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

\*Agency that determines eligibility for coverage.

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TN No. 9024 HCFA ID: 7983E

Attachment 2.2-A, Page 2a, Item 4,  
Approved 4-25-90, TN 90-24

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State: ARKANSAS

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

DEMS 42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

— Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

— Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

— Not applicable with respect to intermediate care facilities; State did or does not cover this service.

DEMS 1902(a)(10)  
(A)(i)(III)  
and 1905(n) of  
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

- (1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

\*Agency that determines eligibility for coverage.

TN No. 92-24

Supersedes

TN No. 91-56

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HCFA 179 <u>92-24</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DEMS

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents; ~~or~~

(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

DEMS

1902(a)(10)(A)  
(i)(III) and  
1905(n) of the  
Act

b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date)  
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

STATE	<u>Arkansas</u>
DATE RECD	<u>APR 06 1992</u>
DATE ADVD	<u>MAY 08 1992</u>
DATE EP	<u>MAR 01 1992</u>
HCFA 179	<u>92-18</u>

A

\* Agency that determines eligibility for coverage.

TN No. 92-18  
Supersedes 91-56  
Approval Date MAY 08 1992 Effective Date MAR 01 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

Division 1902(a)(10)(A)  
of (I)(IV) and  
County 1902(1)(1)(A)  
Operations and (B) of the  
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

Division 1902(a)(10)(A)  
of (I)(VI)  
County 1902(1)(1)(C)  
Operations of the Act  
1902(a)(10)(A)(I)  
(VII) and 1902(1)  
(1)(D) of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after  
09-30-82

(specify optional earlier date)

who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Agency that determines  
eligibility for coverage

STATE	<u>Arkansas</u>
DATE REC'D	<u>5/11/98</u>
DATE APPV'D	<u>8-6-98</u>
DATE EFF	<u>4/11/98</u>
HCFA 179	<u>98-08</u>

A Income levels for these groups are specified in  
Supplement 1 to ATTACHMENT 2.6A.

TN No. 98-08

Supersedes

TN No. 92-18

Approval Date \_\_\_\_\_

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**SUPERSEDES: TN. 92-18**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

10. *Reserved*

DEMS 1902(e)(5)  
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

MS 1902(e)(6)  
of the Act

- b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

STATE	<u>Arkansas</u>	A
DATE RECD	<u>APR 06 1992</u>	
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HCFA 179	<u>92-18</u>	

\* Agency that determines eligibility for coverage.

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TN No. Attachment 2.2-A, Page 4a, Item 10 - 92-04  
Attachment 2.2-A, Page 5, Item 11 - 91-56

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency\* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

DEMS

1902(e)(4)  
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

SOCIAL  
SECURITY  
ADMINISTRATION  
(SSA)

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged  
X Blind  
X Disabled

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>APR 06 1992</u>	
DATE APP'VD	<u>MAY 08 1992</u>	
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HCFA 177	<u>92-18</u>	

\* Agency that determines eligibility for coverage.

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ATTACHMENT 2.2-A  
Page 6a  
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State: ARKANSAS

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

N/A

435.121

13. ☒ b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)  
of the Act

☐ Aged  
☐ Blind  
☐ Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in  
ATTACHMENT 2.6-A).

\*Agency that determines eligibility for coverage.

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